

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 1999 - JUNE 30, 2000**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: MEDICAL EXAMINER
Division/Unit: _____

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEER (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	1	Hours	8	X	\$14.83	=	\$118.64
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Types of work performed by GENERAL VOLUNTEERS in this category:

Transcriptionist intern: making report corrections, transcribing autopsy reports, finalizing
autopsy reports.

- b. INSTITUTIONAL VOLUNTEER (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	121	Hours	3624	X	\$14.83	=	\$53,743.92
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

Filing, data entry, folder preparation, photocopying, trash pickup, car washing, and
janitorial duties

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity. These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	<u>X</u>	<u>VCL</u>	<u>=</u>	<u>Dollar Benefit</u>
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00

No. Vol.	0	Total Hours	0	Total Value	\$0.00
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<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>1</u>	<u>8</u>	<u>\$118.64</u>
<u>121</u>	<u>3624</u>	<u>\$53,743.92</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

Hours	52	X	Rate	\$25.38	\$1,319.76
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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____ none _____

Cost: _____

Item : _____

Cost: _____

Item : _____

Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$10,579.92

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d

\$53,862.56

b. Total of Donations to Volunteer Program, Item 3

\$0.00

c. Subtract Total of program Costs, Item 4d

\$10,579.92

TOTAL PROGRAM BENEFIT:

\$43,282.64

6. **RECRUITING:**

Please describe your recruiting programs:

General volunteers and interns contact the Department directly, hoping to gain experience in exchange for service. Institutional volunteers are assigned to the Department through the County Probation Department Public Service Work Program

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

N/A

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2000-01:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Continue the existing program, utilizing institutional volunteers as needed.

9. **GENERAL INFORMATION:**

Name of person completing report: Janet Enright

Phone: (858) 694-2901 Mail Stop O-10 E-Mail: jenrigmx

Volunteer Coordinator: same

Phone: 858/694-2901 Mail Stop O-10 E-Mail: jenrigmx@co.san-diego.ca.us

10. **DEPARTMENT CERTIFICATION:**



DEPARTMENT HEAD SIGNATURE

7/14/00
DATE